



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES SERVICES
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AUTHORIZED BY: _____

Administrator

INFORMATION MEMORANDUM

SPD-IM-02-040

Date: July 2, 2002

TO: Area Agency on Aging Directors
CHS/SPD Field Managers and Staff
CHS All Senior Program Managers

CHS SDA Managers
CHS SDA Assistant Managers
CHS Central Office Managers

SUBJECT: Medicaid Administration Activities

INFORMATION: This Information Memorandum contains the updated list of Allowable Medicaid Administration Activities as defined by the Centers for Medicare and Medicaid Services (CMS). CMS defines Allowable Administration Activities as those that “have a direct connection to the proper and efficient administration of the Medicaid State Plan (or waiver) services”.

CMS allows federal financial participation (FFP) for salary or other compensation, fringe benefits, travel, per diem, services and supplies, and training at rates determined on the basis of an individual’s position.

We have attached the following:

- an “allowable Medicaid administrative activities” paper that includes relevant MMIS screens or forms; and
- workcharge codes for CHS Offices and SPD/AAA Contract Offices.

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Allowable Medicaid Administration Activities

SPD - July 2002

The Centers for Medicare and Medicaid Services (CMS) defines allowable administration activities as those that “have a direct connection to the proper and efficient administration of the Medicaid State plan (or waiver) services”. CMS allows federal financial participation (FFP) for salary or other compensation, fringe benefits, travel, per diem, services and supplies and training at rates determined on the basis of the individual’s position.

The following administrative charge categories (and relevant MMIS screens or forms) are allowable for activities related to eligible services provided to Medicaid-enrolled clients:

1. MMIS: Medicaid Management Information System (Funding Code MM)
(75% FFP/25% GF)

Data coding, data entry and other activities that maintain or update the accuracy of the Medicaid payment system.

Examples:

Managed Care Enrollment -

- ❑ Screen KSEL
- ❑ Screen ENRC

Provider Enrollment –

- ❑ Provider Enrollment Screens: PRV6, PRV7, PRV8, PRV1, PRV2
- ❑ SDS 736 – In Home Services Provider Enrollment
- ❑ SDS 736A – Provider Enrollment – Other than In-Home Service

Provider Authorization and Payment – Data entry and functions related to processing Client Employed Provider (CEP) vouchers, payments, and adjustments. Data entry and suspense resolution related to Community Based Care (CBC) provider authorizations, payments, and adjustments. Data entry and functions related to processing claims through the OMAP claims systems.

- ❑ CEP Payment System Screens: HINQ, HATH, HPAY, HFIQ
- ❑ SDS 598B - Agreement, Authorization and Provider Invoice (computer generated only)
- ❑ CBC Payment System Screens: SMRQ, SMRF, SERF, SNRS, RATZ, SADD, FNAR, SBEG, DISB, SCFD, SMSG, SCFS, SCFP, PESM, MRAT

- ❑ SDS 512 – Community Based Care Provider Payment Authorization and Invoice (computer generated only)
- ❑ SDS 599A – Agency Provider Invoice – In Home Services
- ❑ OMAP 405B – Provider Application for Payment
- ❑ OMAP 1036 – Individual Adjustment Request

Medical Payment Processing - Data entry and functions related to processing claims through OMAP and the AFS claims/payment systems.

- ❑ Screen SPL1, SPL2
- ❑ OMAP data entry screens: ELGP
- ❑ AFS 437 – Authorization for Cash Payment
- ❑ OMAP 405T – Medical Transportation Order (payment directly to provider)
- ❑ OMAP 409 – Medical Transportation Screening/Input document (payment to client or attendant)

2. Skilled Professional Medical Personnel (Funding Code SP) (75% FFP/25% GF). CMS also offers 75% FFP for services provided by skilled professional medical personnel (SPMP) and directly supporting staff of the Medicaid (or other public) agency if **all** of the following criteria, as applicable, are met:

- (i) The expenditures are for activities *directly related* to the administration of the Medicaid program, and as such do not include expenditures for medical assistance;
- (ii) The SPMP have professional education and training in the field of medical care or appropriate medical practice. “Professional education and training” means the completion of a *2-year or longer* program leading to an academic degree or certificate in a medically related profession. SPMP possess a medical license, certificate, or other document issued by a recognized National or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. (Note: Experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care);
- (iii) The SPMP are in positions that have *duties and responsibilities that require those professional medical knowledge and skills*;
- (iv) A State-documented employer-employee relationship exists between the Medicaid agency and the SPMP and directly supporting staff; and
- (v) Any direct support staff (such as secretarial, stenographic and copying as well as file and records clerks) perform duties that are *directly*

necessary for the completion of the professional medical responsibilities and functions of the SPMP medical staff. The SPMP staff must directly supervise the supporting staff and the performance of the supporting staff's work.

Examples:

- ❑ SPMP who conduct assessments and medical evaluations and make medical judgments or recommendations related to the quality and utilization of direct care services provided to Medicaid applicants or recipients;
- ❑ SPMP who advise and assist case management and medical workers in securing and interpreting essential medical data regarding client eligibility for Medicaid and for Medical Review Team documentation.

3. PASARR: Preadmission Screening/Annual Resident Review (Funding Code PR) (75% FFP/25% GF)

Costs directly allocable to PASARR activities receive the 75/25 enhanced match rate. All other activities (such as prior authorization, and determinations regarding individuals with the greatest need when limited beds are available) are reimbursed at the 50/50 match rate.

Examples:

- ❑ SPMP preadmission Screening and Annual Resident Review for individuals with mental illness and mental retardation who request admission into a Medicaid-enrolled nursing facility or who are already in such a facility; and
- ❑ Data coding of the PAS/ARR screening form.

4. Medicaid Administration (Funding Code AD) (50% FFP/50% GF)

Medicaid Administration (50/50) for staff who do not fit in categories 1 through 3 above. This includes compensation and related service and supply costs of all other staff of the Medicaid agency (or other public agencies providing services to the Medicaid agency), and the training and other expenses of volunteers.

Examples:

Community Based Care Actives: Counseling and assisting enrolled clients (or prospective clients) in obtaining and using medical care and medical services:

Counseling, assessment of needs, facilitating access to emergency services, information and referral, arranging for rehabilitation services, development of services and resources related to health and medical needs, outreach (methods to inform or persuade recipients or *potential* recipients to enter into care through the Medicaid system), and case monitoring.

Nursing Facility or Hospital Activities: Counseling and assisting clients in nursing facilities or hospitals, to obtain and use medical care and medical service. This includes the assessment of needs and development of resources and services related to medical needs, such as emergency and rehabilitation services.

Protective Services/Elderly Abuse/Patient Abuse: Conducting protective service, elderly abuse and patient abuse investigations for Medicaid applicants or recipients.

Risk Intervention: Medical services and case management services provided to Medicaid applicants and recipients. This includes assessment, case planning, and waiver determination as part of the Pre-admission Screening process. (The intent is for case managers to develop, coordinate and utilize family and community supports to delay or divert the entry of elderly or disabled persons into an SPD-funded community-based or nursing facility.)

Relocation: Assessment, pre-placement visits, counseling, provider preparation during the process of assisting a person in moving from a familiar environment and adapting to a new physical and social setting. Includes post placement visits.

Financial Services: Eligibility Determination: Time spent securing documentation in order to make a decision on Medicaid eligibility. (Record time spent data coding eligibility forms and all case management activity related to the determination of eligibility.)

Services & Supplies: Services and supplies purchased to support the above staff in category 4. Allocate services & supplies cost to Medicaid at the same percentage of as the percentage of Medicaid staff time.

Licensing Medicaid community base care facilities: Conducting reviews of facilities and checking background information on facility owner(s) and staff to insure appropriateness for licensing. A Medicaid facility is a facility that serves at least one Medicaid client.

5. Oregon Health Plan (Funding Code HP), (50% FFP/50% GF):

Example:

Time spent on direct Medicaid-related activities with clients who are covered under the Oregon Health Plan. (Note: For GA-eligible clients, this does not include case

planning).

Examples of “**Non allowable**” administration activities include:

- (i) Gaining access to or coordinating social, educational, or legal activities;
- (ii) Providing a direct medical or remedial service, such as immunizations or psychological counseling;
- (iii) Conducting public health education or outreach campaigns - unless the campaigns are explicitly directed at assisting Medicaid eligible individuals to access the Medicaid program (in that case, you can only charge Medicaid the proportion of expenses that relate *directly* to those determined eligible or presumptively eligible from the date of application);
- (iv) Gaining access to or coordinating non-Medicaid services even if such services are health related; and
- (v) Costs associated with Medicaid program services.

Finally, a reminder you may sometimes work with administrative categories that are matched with dollars “other than” Medicaid. An example is Food Stamps (Funding Code FS), (50% FFP/50% GF): *Certification and maintenance of food stamp and cash-out applicants and recipients (certification includes, securing documentation, processing of 200U and related paperwork).*

Seniors and People with Disabilities
Workcharge Codes for SPD & CHS Field Branches
Revised: May 31, 2002

Overview

Workcharge code is a 4 character code; 2 letters & 2 numbers
The letters designate funding. The numbers designate branch.
Ex: AD61 - AD is Medicaid Admin; 61 is Tillamook AAA
The table is maintained by payroll

Funding Legend

Code	Description	GF %	Funding OF %	FF %
AB	Able Bodied Adults w/o Dependents (ABAWD)			100.00
AD	Medicaid Admin.	50.00		50.00
EI	Employment Initiative - VRD		100.00	
FR	Food Stamps Reinvestment	100.00		
FS	Food Stamps Admin	50.00		50.00
GF	General Fund only	100.00		
HP	Oregon Health Plan Admin	50.00		50.00
MM	Medicaid Management Info. System (MMIS)	25.00		75.00
OP	Oregon Project Independence The AAA owes SPD the costs		100.00	
PR	Preadmission Screening/Annual Resident Review (PASARR)	25.00		75.00
SP	Skilled Professional Medical Personnel (SPMP)	25.00		75.00

Branch Legend

Work Charge	Branch Name	Branch Nrb
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Seniors and People with Disabilities' Offices

60	Astoria AAA	0411
61	Tillamook AAA	2911
68	Tigard AAA	3415
62	Hillsboro AAA	3411
65	Roseburg AAA	1011
64	Grants Pass DSO SSO	1717
12	Medford DSO	1513
69	Medford AAA SSO	1517

Seniors and People with Disabilities
Workcharge Codes for SPD & CHS Field Branches

Revised: May 31, 2002

Branch Legend

Work		Branch
Charge	Branch Name	Nrb

Community Human Services Offices

39	BAKER CITY	0111
93	SEASIDE DSO	0417
34	ST. HELENS	0511
35	COOS BAY	0611
36	GOLD BEACH	0811
37	BEND	0911
47	LAPINE MSO	0913
72	REDMOND MSO	0914
16	ROSEBURG DSO	1017
44	JOHN DAY	1211
43	BURNS	1311
90	PRINEVILLE	1611
98	MADRAS	1612
70	BROOKINGS-HARBOUR OFFICE	1715
38	KLAMATH FALLS	1811
49	LAKEVIEW MSO	1814
87	WOODBURN DSO	1917
42	ONTARIO	2311
99	SALEM DSO	2417
18	N SALEM DSO	2418
48	DALLAS DSO	2712
19	TILLAMOOK DSO	2917
32	HERMISTON	3013
46	MILTON-FREEWATER MSO	3014
45	PENDLETON	3017
41	LAGRANDE	3111
40	ENTERPRISE	3112
67	THE DALLES MSO	3311
66	HOOD RIVER MSO	3312
92	BEAVERTON DSO	3417
13	MCMINNVILLE DSO	3617
99	OHP CENTRAL	2417

Bold indicates change for April 9, 2002